

AO 435 (Rev. 04/18)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME <b>Robert Cahill (Counsel for Plaintiffs)</b>		2. PHONE NUMBER <b>(703) 456-8145</b>		3. DATE <b>4/26/2019</b>	
4. DELIVERY ADDRESS OR EMAIL <b>Cooley LLP, 11951 Freedom Drive, 14th Floor</b>		5. CITY <b>Reston</b>		6. STATE <b>VA</b>	7. ZIP CODE <b>20190</b>
8. CASE NUMBER <b>3:17-cv-00072</b>	9. JUDGE <b>Joel C. Hoppe</b>	DATES OF PROCEEDINGS			
		10. FROM <b>4/26/2019</b>		11. TO <b>4/26/2019</b>	
12. CASE NAME <b>Sines v. Kessler</b>		LOCATION OF PROCEEDINGS			
		13. CITY <b>Charlottesville</b>		14. STATE <b>VA</b>	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				<b>Telephonic Motion Hearing</b>	
<input type="checkbox"/> BAIL HEARING				<b>04/26/2019</b>	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	<b>0.00</b>
18. SIGNATURE <b>/s/ Robert T. Cahill (Counsel for Plaintiffs)</b>				PROCESSED BY	
19. DATE <b>4/26/2019</b>				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
		DATE	BY		
ORDER RECEIVED					
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	<b>0.00</b>
TRANSCRIPT RECEIVED				LESS DEPOSIT	<b>0.00</b>
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	<b>0.00</b>

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